



**New York State**  
Volunteer Ambulance  
& Rescue Association Inc.



## THE BLANKET Special Edition SEMSCO & SEMAC Meetings - September 2019

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NYS DOH  
State Emergency Medical Services Council  
(SEMSCO)  
and  
State Emergency Medical Advisory Committee  
(SEMAC)  
Meeting Notes - 9/24/19 & 9/25/19

(Official minutes of the meetings will be released later by NYS DOH)

Teresa "Teri" Hamilton, Executive Vice President, is the NYS Volunteer Ambulance & Rescue Association's representative on and a voting member of SEMSCO and a member of the Legislative Committee and Public Information, Education & Relations Committee.



# STATE EMERGENCY MEDICAL SERVICES COUNCIL (SEMSCO) - PATTY BASHAW, CHAIRPERSON



Meeting was opened with the Pledge of Allegiance.

Roll call conducted and quorum of 19 members present.

## Membership Changes

- Donald Hudson, Nassau REMSCO joined Council.
- Ron Hasson, Southwestern REMSCO leaving the Council. He has been a SEMSCO member or alternate for 24 years.

Minutes of 5/8/19 meeting were approved.

Note: Subjects below follow published agenda which was not followed.

## Patty Bashaw, Chairperson's Report:

Requests have been received for appointment to various committees. Balance has to be maintained between SEMSCO members and non-members and a couple of the committees are "out of whack" and it is being worked on.

## Mark Philippy, 1<sup>st</sup> Vice Chair's Report:

Thanks to Ron Hasson for help over the years

There has been progress with Quality Assurance/Quality Improvement (QA/QI) TAG. Good number of people are on 3 workgroups involving:

- Revise QA/QI manual to set up regional and agency programs.
- Training in QA/QI Academy to be offered at VITAL SIGNS 2020 as a 1 or 2 day program and distance learning program to be set up.
- Establishment of agency level Clinical Care Coordinator similar in purpose to successful Pediatric Emergency Care Coordinator.

## Stephen Cady, 2<sup>nd</sup> Vice Chair's Report:

Nominations being accepted for SEMSCO floor for Chair, 1<sup>st</sup> Vice Chair and 2<sup>nd</sup> Vice Chair. Members can forward nominations to SEMSCO secretary up to meeting in January.

Correspondence Report: None

SEMAC & Medical Standards Reports - See separate SEMAC section for additional information.

Seconded motions from SEMAC and the Medical Standards & Protocol Committee were approved unanimously with identical votes of YES-19, NO-0 and ABSTAIN-0:

- NYC REMAC GOP - FDNY Haz-Tac Protocol
- NYC REMAC Appendix O Needle Decompression of Tension Pneumothorax
- NYC REMAC FDNY Rescue Paramedic Protocols
- Maimonides Hospital, Brooklyn Demo Proposal - Ketamine Pre Hospital Breath Actuated Nebulizer for Extremity Trauma Pain Management
- Collaborative Protocols Pediatric clarifications
- AEMT National EMS Education Standards adoption in 2020
- Commissioner needs to approve protocol changes before services can implement them.

There was also a seconded motion from SEMAC to endorse proposed changes to Part 800 regulations .06, .07, .09, .10, .12, .13, .17, .18 and .20. Motion passed by roll call vote of YES-19, NO-0 and Abstain-0. Actions must go through State Register, at least 1 comment period and then back to SEMAC & SEMSCO and then through DOH approval process.

Education & Training Committee Report - See separate section for information.

Finance Committee Report

- There were no seconded motions to be brought forth to SEMSCO.
- Briefing was provided on a project to look at the cost of EMS education and see if we can come up with statistics to help support the need for increased reimbursement that Course Sponsors receive for EMS classes. Survey tool has been designed and will go out in near future to the Course Sponsors about cost to train an EMT as well as other levels for both original and refresher courses and use that information to go forward with data that shows state pays less than what it costs to train and plus students incur expenses as well. Factors drive up costs – sponsors pay travel costs to CICs but those costs are not reimbursable. Similar studies were done in 2001 and 2008. NYC REMSCO provided data from 2008 study that showed state paid 71% of costs of basic EMS costs. Data covered CFR to EMT-P, original to refreshers and skill testing. Bureau of Labor Statistics' Consumer Price Index for 2008 to 2018 shows a 19% cost increase which would transfer to a current 59% payment coverage. The prior study information plus 2019 information will be forwarded to BEMS&TS to help it make the case for increased funding for EMS training in the upcoming state budget which is being formulated now and will take effect in April.

Systems Committee Report

- New Windsor Volunteer Ambulance Corps' approval by Hudson Valley REMSCO to expand its operating area into the Town of Cornwall was appealed by Mobile Life Support Services. SEMSCO has authority to amend, modify, uphold or reverse the HV REMSCO decision. Motion was made, seconded and passed to "Reverse the decision of the Hudson Valley Regional Emergency Medical Services Council's decision to approve New Windsor's application to expand their operating territory to include the Town of Cornwall." Roll call vote was YES-10, NO-9 and ABSTAIN-0.
- Seconded motion from Committee related to Part 800 Regulations equipment requirements was brought forward. Some specific concerns are to remove 800.23(c) volume of liquid in excess of 249 ml, slight change in wording of 800.23(d) gas cylinder testing & expiration dates and remove 800.23(f) storage of controlled substances. In general, proposed 800.23, 800.24 and 800.26 changes involve giving the Commissioner of Health the authority to make rules on equipment needs. Seconded motion before SEMSCO is:

*“To approve the proposed changes to Part 800, Sections 23, 24 and 26, as read into the record at the Systems meeting and in concept, with regulatory process to follow as required.”*

This is a concept that has to go through regulatory process before any implementation can be made. Roll call vote was YES-19, NO-0 and ABSTAIN-0.

#### Legislative Committee Report

- No seconded motions were received from the committee.
- EMS Resource document to be developed for posting on NYS DOH website. Volunteers from SEMSCO members and alternates are needed to help assemble the information.

#### Safety Committee Report

- Survey on provider resiliency was discussed. There are different sets of questions for individuals and for agencies and they need more tweaks. Survey may be out for VITAL SIGNS in October and also through Regional Councils and Program Agencies.
- Revision of Policy Statement 00-13 Operation of Emergency Medical Service Vehicles is still hoped for.

#### Old Business

##### Appeal of North Shore Ambulance & Oxygen Service, Inc. Expansion into Suffolk County

Chairperson indicated that before going into old business SEMSCO would go into Executive Session to receive counsel regarding active litigation with attendance by vetted members only, staff and legal counsel. Question was raised about any litigation involving Suffolk County. Michael Phillips, introduced himself as the counsel (lawyer) for SEMSCO and explained that DOH is a party to Article 78 litigation involving Nassau County and North Shore Ambulance & Oxygen Service, Inc. and that company is a common factor with the Suffolk County issue to be addressed by SEMSCO. Motion for Executive Session was made, seconded and passed with roll call vote of YES-24, NO-0 and Abstain-0. After about 40 minutes the SEMSCO meeting resumed. A quorum count was taken and 19 members continued to be present. Old business was addressed.

At the May 2019 meeting SEMSCO began consideration of seconded motion from Systems Committee regarding expansion of North Shore Ambulance and Oxygen Service, Inc. to the entirety of Suffolk County. The expansion was approved by Suffolk RENSOC and appealed by several parties. There was discussion about letters being received after the Administrative Law Judge report was issued and if those letters rose to the level of significant opposition. Steven Dziura, Deputy Director, BEMS&TS explained the bureau reviewed the letters and determined there were 10 letters, 7 of which were template/form letters submitted by 2 individuals on different letterheads and did not contain any substance as to the opposition being brought but simply stating, paraphrasing - According to 06-06 we're submitting letters in opposition. Census in Suffolk County is 1.4 million people and none of the letters came from the public which is affected by service. It was determined that the letters did not rise to the level of being significant.

Motion that came out of the Systems Committee at the May meeting was:

*“To uphold the decision of the Suffolk County Regional Emergency Medical Services Council decision to grant the application of North Shore Ambulance & Oxygen Services expand their operating territory to include the entirety of Suffolk County”.*

Discussion was opened. Al Lewis spoke, explaining he represented the United NY Ambulance Network (UNYAN) and the for-profit ambulance industry. His comments were in opposition to the North Shore Ambulance and Oxygen Service, Inc. expansion and he said they were based on the official record of the application. Counsel Phillips commented about members being on SEMSCO for their experience and expertise if it goes beyond a point and becomes an advocacy issue the potential for a conflict of interest is very real. In response Mr. Lewis advised he represented all the for-profit ambulance companies in NYS and has no pecuniary interest in the outcome. Roll call vote was YES-7, NO-12 and ABSTAIN-0.

# STATE EMERGENCY MEDICAL ADVISORY (SEMAM) - DONALD DOYNOW, MD, CHAIRPERSON



Meeting opened with the Pledge of Allegiance

Roll call conducted and quorum present.

Dr. Cherisse Berry joined SEMAM as a voting member. Dr. Berry is an Assistant Professor of Surgery, NYU School of Medicine, Manhattan and is Chair of the NYC RTAC Systems Committee.

Minutes of 5/7/19 meeting were approved.

Bureau of EMS & Trauma Systems Report - See separate section for full information.

Education & Training Committee Report (see separate section for additional information)  
AEMT National EMS Educational Standard

At the May SEMAM meeting a motion was made that effective September 2020 AEMT courses in NYS will follow National EMS Education Standard. After discussion a motion was made and seconded and passed to postpone consideration of the seconded E&T Committee motion till the 9/24/19 SEMAM meeting. The issue was brought up again.

National EMS Education Standards were last revised in 2012 and are expected to be updated in 2020-2021. Skills expected to disappear from AEMT level are:

- Oral & nasal tracheal intubation
- End tidal CO<sub>2</sub> monitoring
- Direct laryngoscopy for airway obstruction
- Venous blood sampling (currently not included in EMT-P curricula but AEMT allowed under state law.

2019 National Highway Traffic Safety Administration (NHTSA) Scope of Practice changes add back to the AEMT level:

- End tidal CO<sub>2</sub> monitoring
- Venous blood sampling

Discussion involved timeline for education, practical skills and written testing changes that would be about a year. Also, AEMTs use supraglottic airways and there is a presumption in the regions that end tidal CO<sub>2</sub> is also required for this procedure. SEMAM Advisory could be issued for clarification that it is required. NHTSA is considering whether to rewrite new Educational Standard or just a change document and final product could be up to a year and a half away.

Motion postponed from the 5/7/19 meeting was “Effective September 2020 AEMT courses in NYS will follow National Standards Curriculum. Additional training modules may be approved by the SEMAC”. Roll call vote was YES-16, NO-2 and ABSTAIN-0.

Motion was made that SEMAC approve a training module for end tidal CO2 monitoring. Roll call vote was YES-17, NO-0 and ABSTAIN-1.

During discussion of training modules there was effort to add wording about a rewrite of SEMAC Advisory 08-01 requiring end tidal CO2 monitoring of both endotracheal tubes and supraglottic airways. Concern was raised about MCI situations where there may not be enough monitors or crews available to cover all patients. A small group will be put together to come up with suitable wording for the 1/14/20 meeting.

Medical Standards Committee Report (see separate section for additional information)

- 4 actions items involving protocol changes coming as seconded motions from the Medical Standards & Protocol Committee were and approved unanimously with identical votes of YES-13, NO-0 and ABSTAIN-0.
  - NYC Haz-Tac Protocols - Revised.
  - NYC Appendix O - Change to Tension Pneumothorax Protocol
  - NYC Rescue Medic Protocols
  - Maimonides Hospital, Brooklyn Ketamine for Managing Acute Traumatic Extremity Pain
- NYC Unified BLS-ALS unified protocols are expected to be presented at January 2020 meeting.
- Collaborative Protocols  
After adoption at the May meetings it was realized that some things slipped by and clarifications are needed:
  - EMS should not treat fever in infants under 60 days of age with acetaminophen (Tylenol) as it is not good medicine.
  - Ibuprofen should not be given to patients under 6 months of age as it is not the standard of care.
  - Ibuprofen should not be given to pregnant patients.
  - Acetaminophen dosage was also clarified to be 160mg/5ml as it the standard concentration in a bottle. This is in addition to single dose 325mg/10.15ml containers that some agencies carry.

Motion to add the clarifications was made, seconded and approved by a roll call vote of YES-18, NO-0 and ABSTAIN-0.

- Mountain Lakes Region raised an issue about the treatment of a heat emergency on scene. An incident occurred involving a patient from an endurance event who was rushed to a hospital arriving with a 108 temperature and died. Motion was made to allow cooling of patients with hot dry skin on scene if the means are available.  
Motion was seconded, discussed about continuing cooling to hospital and passed by a roll call vote of YES-18, NO-0 and ABSTAIN-0.
- Cyanide antidote packaging, Cyanokits, incorporate use of 250 ml glass containers which may be in violation of Part 800.23(c) which indicates “Any volume of liquid in excess of 249 milliliters stored in the ambulance must be in plastic containers”.  
Motion was made and seconded to recommend to DOH that section be deleted as other useful medications may be in glass containers. Motion was passed by roll call vote of YES-18, NO-0 and Abstain-0.

EMS for Children Report - See separate section for full information.

## Old Business

- School Nurses and Stop-The-Bleed Treatment Capabilities  
Letter was sent to DOH Commissioner from SEMAC, EMSC and STAC about the issue of school nurses' Scope of Practice limitation on using commercial tourniquets and hemostatic dressings without a patient specific order. The Department of Education's Center for School Health sent out a Medical Director Advisory in June to school districts changing documentation to something that now supports Stop-the-Bleed and current expectations on standard of care. However, it leaves it up to individual school districts to add commercial tourniquets to First Aid Kits or bags and indicates a patient specific order is still required for hemostatic dressings such as QuikClot.
- Review of State Quality Metrics Data - Peter Brodie, Unit Chief, Informatics  
SEMAC and Medical Standards members were surveyed about 15 to 17 suggested pre-hospital quality measures to review. Data needed to be available electronically through NEMSIS 3. The number has been pared down to the following 7 items:
  - % of stroke patients transported to approved stroke center
  - % of patients given blood glucose check
  - % of intubated patients with ETOC
  - % of trauma patients transported per CDC trauma triage algorithm
  - % Opioid ODs that were treated with Naloxone but refused transport
  - % Cardiac arrest with ROSC transported to a hospital
  - % chest pain patients with 12 lead EKG administeredPediatric quality metric will be finalized by January 2020.

## New Business

- Rural Health Hearing - Steve Kroll, Dr. Michael Dailey, Dr. Heidi Cordi and Dr. Donald Doynow spoke at the NYS Assembly's Rural Health Committee hearing this past spring about issues facing rural health.
- Dr. Chris Fullagar received the NY Chapter of the American College of Emergency Physicians' Advancing Emergency Medicine Award. Dr. Fullagar is an emergency medicine physician in Syracuse, NY and is affiliated with multiple hospitals in the area, including Syracuse Veterans Affairs Medical Center and Upstate University Hospital. For the last 7 years he has been the driving force behind the Collaborative Protocols that have been put into effect covering most regions in the state.
- Dr. Michael Dailey received NAEMT's Medical Director of the Year Award. His most recent significant EMS work has been directing SEMAC's long overdue update of the NYS statewide BLS protocols. He represents EMS interests at numerous forums across the state. The NAEMT newsletter indicated Dr. Michael Dailey is the Regional EMS Medical Director for REMO, which serves a six county region in upstate New York. Also a medical director for a dozen EMS agencies. Nominators Luke Duncan, MD and Steven Kroll, MHA, EMT said Dailey "has been one of the most significant and impactful EMS physicians and medical directors in New York State." As the Chief of the Division of Prehospital and Operational Medicine at Albany Medical Center, Dailey educates young physicians who may one day become EMS leaders. Jason Cohen, Chief Medical Officer of Boston MedFlight said, "Dr. Dailey is devoted, fair competent, equitable, compassionate, and inspiring. He helps others and communities with pretense, working tirelessly to make things better for our patients and our profession."

## **BUREAU of EMS & TRAUMS SYSTEMS STAFF REPORT - RYAN GREENBERG, DIRECTOR, BEMS&TS (Compilation of information given at SEMAC, SEMSCO and committee meetings)**

### Staffing

- Staffing in the BEMS&TS has increased to about 40 positions.
- Health Systems Specialist 1 added to Syracuse office.
- New field personnel in Rochester, Syracuse and Central Office locations
- Clerical position(s) added to Central Office.
- 7 interns from University of Albany and SUNY Albany are helping in operations, emergency preparedness functions, ePCR project and a survey of County EMS Coordinators. They work for 2 semesters at a time.
- Trauma Program has been assigned a part time about 20 hours a week administrative aide and an intern.
- Dan Clayton has been promoted to new Chief of Operations position.
- Will be recruiting 2 Health Systems Specialists.
- Martha Gohike, long time EMS for Children (EMSC) Coordinator - 12 years, and who also was involved in the Coverdale Stroke Program has moved on to a new position with the Aids Institute's hepatitis C program. EMSC Coordinator position may be filled by January.
- EMS for Children (EMSC) Coordinator will be recruited.
- VITAL SIGNS conference has been assigned a temporary administrative assistant.

### Ambulance Transfusion Service

Agreement has been reached with the Wadsworth Center Blood Resources Center to simplify procedures for ambulance services to become an Ambulance Transfusion Service (ATS). There will be a new application and a dedicated e-mail address will be posted. ATSS no longer will need an agreement with each hospital they transport transfusion patients to/from. Instead it will be one master agreement administered by Regional Program Agencies with participating agencies on one end and hospitals on the other.

### Vital Signs Conference

Vital Signs will be 10/24/19 to 10/27/19 in Buffalo, NY. There are more speakers scheduled and a 32 hour Critical Care Paramedic tract. A new category of Innovation Awards will be given out to agencies including:

- Education Innovation
- Clinical Delivery Innovation
- Organization Innovation
- Recruitment and Retention Innovation

### Vital Signs Academy

This is the name of a new on-line learning system just rolled out. First thing on the site is the roll out of the new statewide BLS protocols. Additional education content will be posted to allow providers in more rural areas or may have a busy schedule and not able to attend live training.

### Listening Tour

Steven Dziura, Deputy Director, BEMS&TS recently attended meeting(s) in Suffolk County on Long Island.



## Hurricane Dorian

BEMS&TS sent out a request to the regions to survey what ambulance resources would be available to go to other states if the need arose. The response was strong. No NYS resources were sent.

## Software Upgrade

Request for Proposals (RFP) to revamp back end of administrative licensure processes will go out. Expect changes in 2020. E-mail addresses will be set up for administrative submissions and automatic receipts and acknowledgements.

## Issues Related to 17 Year Old EMTs

Division of Legal Affairs is still looking into issues involving 17 year old EMTs such as parent/guardian signature on application for course and signing off on patient refusals and PCR's. There are also some questions about practicing solo as opposed to practicing with another provider. If agencies have questions please e-mail BEM&TS.

## Pediatric Emergency Care Coordinators (PECC)

Program continues to expand and there are now 150 PECCs across NYS

## State Trauma Advisory Committee

- Level 3 Trauma Centers in NYS are increasing in number. Level is relatively new to state and seeing more quality assurance measures being introduced.
- Progress on Stop-the-Bleed equipment and use by school nurses.
- Trauma needs assessment is reviewing national model vs. NYS performance. Meeting was held previous day to discuss assessment questions. Report is expected in 2020.

Mr. Greenberg related a family medical emergency that highlighted concern over proper safe transport of children. His 3 year old son experienced a seizure and EMS was called. The seizure passed but as a precaution the son was still transported to a hospital. Due to a non-working elevator Mr. Greenberg carried his down 6 flights of stairs to the ambulance. Once there he passed his son up to the crew and asked what he should do. Crew advised Mr. Greenberg to sit in stretcher and hold his son in his lap. Mr. Greenberg asked crew if they had a Pedi-Mate and they did not know what he was talking about. At that point considering his son's condition and everything else he sat on the stretcher, was belted in and held his son in his arms on the way to the hospital. He went on to relate how his own volunteer agency had inflatable car seats designed for ambulances but could not figure out how to use it on a patient. Training and re-training is needed! This emphasizes need for Pediatric Emergency Care Coordinator. The new BLS statewide protocols have a component about safe transport of pediatric patients. His point was that we can do better.

## **EMS FOR CHILDREN (EMSC) REPORT - ARTHUR COOPER, MD**

- Committee met by webinar earlier this summer and will meet again by webinar on 10/8/19.
- Joined with SEMAC and State Trauma Advisory Committee (STAC) in directing a letter to the Commissioner regarding Stop-the-Bleed initiatives.
- Discussed a potential new award in honor of Dr. Robert Cantor, a renowned pediatric critical care medicine physician who a member of EMSC for many years, served as Vice Chair and also received a Commissioner's Award for his work.
- EMSC Implementation and Innovation Center in Texas continues to work on performance improvement activities. One project is on data analysis validation by on-site visits. Dr. Jose Prince from Northwell Health's Cohen Children's Medical Center is leading a regional effort to upgrade EMSC capabilities at local emergency departments in his area.

- Ongoing informal discussions have been held Dr. Kitty Gelberg at DOH regarding opioids and adolescents. She may be able to discuss initiatives at the December EMSC meeting.
- Discrepancies continue to exist regarding pediatric triage and previous DOH directives and EMSC is working with SEMAC and STAC.
- EMSC expressed willingness to work with the STAC injury prevention sub-committee in pediatric injury prevention activities.
- Dr. Cooper was asked to serve on a group discussing pediatric surge criteria at hospitals in NYS.
- EMSC participates in a sepsis advisory group.
- EMSC Coordinator position is vacant due to Martha Gohike moving to another position with DOH.

## **MEDICAL STANDARDS & PROTOCOLS COMMITTEE - LEWIS MARSHALL, MD, CHAIRPERSON**

4 items listed on the agenda were approved unanimously:

- NYC HazTac Protocols - Revised. Only FDNY EMS Haz-Tac certified EMTs and paramedics operating under a declared hazardous materials incident by competent authority may use the protocols. There are 27 BLS units and 10 ALS units.
  - Diazepam dose change.
  - EMT use of 1% Calcium Gluconate solution for eye irrigation in hydrogen fluoride/hydrofluoric acid contamination. There was a question about a demonstration project but this is not feasible due to rarity of occurrences.
- NYC Appendix O With Change to Tension Pneumothorax - Changes were made to make protocol easier to read, includes signs and symptoms of pneumothorax, site for needle decompression and 2<sup>nd</sup> attempt alternate site.
- Maimonides Hospital, Brooklyn demonstration project involving ALS administration of Ketamine for managing acute traumatic extremity pain. It would be overseen by an IRB, requires informed consent, uses an accepted medication via a new route of administration - a breath actuated nebulizer - and agreement to participate in required REMSCO/REMAC QA. Patient transport would be to nearest Trauma Center. Additional requirements are related to DEA Class 4 Researcher License and MD in charge needs to have a DEA Researcher Registration.
- NYC Rescue Medic Protocols – Revisions. Follows 10 years of experience.

5<sup>th</sup> agenda item was discussed but not voted on:

- NYC Unified BLS and ALS Protocols. There has been an ongoing project for the last 2 years to update and revise NYC protocols and reformat them. Over the summer there were a number of long REMAC meetings to finalize the protocols but only about 50% have been completed. Discussion ensued about disparities with new statewide CFR/BLS and collaborative CFR/BLS protocols, minimum statewide standards and whether NYC was below or above standards - BLS 12 lead as example - ease of use by personnel working/volunteering in different regions and protocol for protocol matches plus same order of protocols. NYC representative asked for more time to finish the update of its unified protocols and there was mention of having them ready for January 2020 SEMAC/SEMSCO meetings with implementation in July 2010.

### **ET3 (Emergency Triage, Treatment and Transport) Medicare Initiative**

NYC 911 System is moving ahead with planning for expected approval and implementation of ET3 which involves alternative patient transport destinations, billing for non-transports, etc. 911 System ambulances from FDNY and voluntary hospitals under contract must use FDNY EMS On-Line Medical Control for initial contacts. Other NYC ambulance agencies may follow ET3 protocols

and use their own On-Line Medical Control but would not be eligible for ET3 reimbursement for alternative destinations or treat-and-release.

Behavioral emergencies involving depression/panic were split into mild to moderate categories which are difficult to classify without more guidance and were eliminated.

#### Collaborative Protocol Clarifications

Some items apparently slipped by previous strenuous reviews:

- Pre-hospital fever treatment (Tylenol) in patients under 60 days (under 6 lbs.).
- Ibuprofen administration to patients older than 6 months.
- Contraindication of ibuprofen administration during pregnancy.
- Heat emergency treatment involving too restrictive language which indicated do not delay transport. Should add unless prepared to cool appropriately. For heat stroke it is best to cool as soon as possible.

SEMAC will vote on the clarifications to the protocols.

#### Schedule for Protocol Change Process Suggested

- Initial requests submitted by June-July period
- On agenda for consideration at September SEMAC-SEMSCO meetings
- Out to regions in October
- 30 day comment period starting November 1
- Final draft in December
- June implementation

#### BLS Statewide Protocol Rollout

Questions are not asked about ED medications before assisting patients in administering their own medications.

#### Statewide ALS Protocols

Dr. Marshall mentioned his notes of discussions from 2008 about legalities of protocols being guidelines vs. standards. Director Greenberg indicated that we are closer today than ever before to having statewide ALS protocols.

Old Business - none

New Business - none

## **EDUCATION AND TRAINING COMMITTEE - MICHAEL MCEVOY, CHAIRPERSON**

#### Statewide BLS Protocol

On-line update training is running on the newly established Vital Signs Academy website. Presenters are Ryan Greenberg, BEMS&TS Director, Jean Taylor, Chief of the Education Branch and John MacMillan. The program consists of 6 modules with questions interspersed in the modules, a 5 question exam at the end of a module and a 20 question exam at the end of the update. Those passing can print out a certificate to send to their EMS agency.

#### Computer Based Testing

New option to replace on-site will be offered. The vendor is PSI Services which does testing for a number of different NYS licenses. Students can take the on-line test after they have completed an EMS course including passing the skills tests. They will be given a notice by the Course Sponsor which enables them to contact PSI Services at one of 29 test centers across the state and schedule a session 6 maybe 7 days a week at a time convenient to the student. If they

pass the on-line test they can print out a confirmation which enables them to immediately serve as an EMS provider. The number of test sites is expected to increase over time. Cost of the on-line testing option is \$28.00. Certified Instructor Coordinator (CIC) and Certified Lab Instructor (CLI) candidates will be offered the option in the October to December 2019 period with all EMS providers phased in during the 1<sup>st</sup> quarter of 2020.

#### CME Refresher Program Update

After 2 years the update of the CME Refresher Program is at hand and will be rolled out at the Vital Signs Conference in October in Buffalo. Implementation date is 1/1/20. There will be less hours across all EMS levels and changes in subject requirements. Manual and Policy Statement will be out shortly.

CFRs will be included in the program adding about 15,000 to 20,000 eligible providers. There are 20,000 providers currently in the program.

Individuals can enroll in the program and do not have to be a volunteer or employee of an EMS agency.

New agency requirement for participation in the program is use of ePCR by 2022.

#### EMT-P Original Course Testing Changes

Testing will follow the National Registry psychomotor skill exam process. There will be 2 proctors - one being National Registry/Regional Faculty and the other being a NYS DOH BEMS&TS staff member. NYS BLS skill testing will be done separately. Students do not need to be National Registry certified. It was noted that 10% of EMT-P students fail the EMT exam portion.

#### Regional Faculty Workgroup

Job description development is in progress. Draft will go to BEMS&TS.

#### AEMT Course Moving to National Standard Curricular

Skill comparison of NYS requirements vs. National Standards skills was discussed. 2½ page chart was presented showing areas where NYS was already above, where new skills would be added and skills that are already being taught in certain regions of the state.

#### Proposed EMS Education Regulation Part 800 Section Changes

- 800.6 - Initial Certification Requirements - Updates outdated language, clarify minimum EMT age is 17, Emergency Medical Responder (EMR) equivalent to CFR for reciprocity purposes and allow psychomotor and cognitive examinations up to 1 year from course end date.
- 800.7 - Reexaminations - Applicants for initial certification - Remove and combine with 800.10
- 800.9 - Continuing Medical Education recertification updated. Change name to Recertification by Continuing Medical Education, removes requirement for individual to be an active member or employee of an EMS agency but will still require Medical Director to sign off and a skills verification.
- 800.10 - Reexaminations - Applicants for recertification (retesting) – Change section name to Retesting, allow 3 attempts at psychomotor skill exam, remediation work (a refresher class) and 3 more attempts before student has to retake full course.
- 800.12 - Reciprocal certification requirements. Clean up outdated language, course must be based on National EMS Education Standards and other changes.
- 800.13 - Certification - Change outdated language and changes name to Reciprocal Certification
- 800.17 - Period of certification - Extended from 3 years to 4 years for all EMS levels.
- 800.18 - Lapsed certification - Updated language.

- 800.20 - Course sponsors - Updated language and require Course Sponsors to use curriculum that corresponds to US DOT Education Standard as adopted by SEMAC.

Wording changes would go out for at least 1 public comment period. It was indicated that NYS is not looking to be a National Registry state but it may be an option.

#### EMT-CC to EMT-P Bridge Program

Anthony Conrardy, Northwell Health Assistant Vice President, Center for Learning & Innovation gave an update:

- First bridge program started with 102 students and 93 remain after 4 modules. 3 students failed subject modules and 5 failed education units.
- Time management is important.
- Module 2 had 1 question that is a problem.
- Students have about 13 to 17 years EMS experience.
- Non-college students tend to have lower scores.
- No gender differences in performance.
- Second group has had no drop outs yet.
- Third bridge program opened 9/1/19 and application period closes 9/30/19. Start date is 10/15/19 and state exam is scheduled for 10/15/20. Group will have 25 to 30 students.
- Future courses may start 2 times in a year - April and October.
- Skills testing guide is complete and will go to local course sponsors who will do actual skills testing.

Proposal was made and tabled at E&T Committee to drop BLS component of practical skills exam at AEMT and EMT-P level as people who are coming through are already EMTs. However, there are differences in programs that are Committee on Accreditation approved and programs that are not and the issue needs to be examined more thoroughly.

#### **FINANCE COMMITTEE - STEVEN KROLL, CHAIRPERSON**

- Discussion of next steps for the state fiscal year 2019-2020 Aid to Localities budget concerning funding for EMS purposes.
- Discussion of cost analysis for EMS education.

#### **SYSTEMS COMMITTEE - YEDIDYAH LANGSAM, PhD, CHAIRPERSON**

At the May meeting Systems Committee concluded its discussions and made decisions on the appeals related to the applications by North Shore Ambulance & Oxygen Service, Inc. for expansion into Nassau and Suffolk Counties. Seconded motions were forwarded to SEMSCO at that time.

New Windsor Volunteer Ambulance Corps' approval by Hudson Valley REMSCO to expand its operating area into the Town of Cornwall was appealed by Mobile Life Support Services. Motion was made and seconded to reverse the Hudson Valley REMSCO decision. Vote was YES-6, NO-1 and Abstain-0. Issue next goes to the full SEMSCO.

#### BEMS&TS Operations Report - Daniel Clayton

- Verbal report on CON actions was not prepared, however, it was indicated a written report would be sent to committee members by Monday 9/30/19.
- Agencies need to ensure their ePCR software is NEMSIS 3.4.0 compliant by 12/31/19. Some software vendors are still in attesting phase with their products.

## Old Business

Part 800 Sections 800.23, 800.24 and 800.26 cover equipment and supplies to be carried on ambulance, Emergency Ambulance Service Vehicle (fly car) and special use vehicles. Part 18 Section 18.2 covers equipment requirements for an emergency health care facility at large public functions. These NYS Regulations are burdensome and time consuming to change. Suggestion was made by BEMS&TS Director Ryan Greenberg to mirror NYS Motor Vehicle & Traffic Law which gives Commissioner of Motor Vehicles the power to promulgate rules on motor vehicle equipment. Parts 800 and 18 could still include general types of equipment. The suggested wording is:

*“The Commissioner shall make rules prescribing standards for equipment to be carried and maintained aboard ambulances, certified to operate within the State of New York. These rules should be developed by the State Emergency Medical Advisory Committee of the State Emergency Medical Services Council and approved by the Commissioner. Such rules should be filed in the Office of the Secretary of State and thereafter published once in the state advertising bulletin, and shall become effective one month after such publication. Any amendments to such rules shall likewise be filed and published and take effect one month after publication.”*

Motion was made and approved to endorse Mr. Greenberg’s suggestion.

## New Business

Mention was made of power stretchers and their benefits in reducing back injuries.

## LEGISLATIVE COMMITTEE - ALAN LEWIS, CHAIRPERSON

### EMS as an Essential Service

Issue was again discussed. It is felt that the initiative should be abandoned as there does not seem to be any advantage to local EMS agencies although towns may benefit. Police and fire are mentioned in some statutes. It was mentioned that it would be a stretch to gain traction on the issue.

### Educational Resource Document About EMS

Effort will be made to develop a reference document about EMS in NYS for distribution to state and local legislators and other interest parties. A partial list of items would include:

- General description
- SEMAC/SEMSCO
- REMAC/REMSCO
- Article 30/Part 800/Part 18
- Library of Terms
- Ambulance types
- Billing
- Community Paramedicine
- Statewide Associations

### Community Paramedicine

Nurses Association continues to oppose EMS providers being involved. Scope of Practice Article 30 Section 3001 Definitions under subsection 6 indicates "Emergency medical technician" means an individual who meets the minimum requirements established by regulations pursuant to section three thousand two of this article and who is responsible for administration or supervision of **initial emergency medical care and transportation** of sick or injured persons." Bold and underline added. This limits scheduled home visits by all levels of EMSs. CFRs are similarly limited by subsection 5 to the "administration of **initial life saving care of sick and injured persons.**"

### Medicaid Crossover Payments

The current NYS budget includes a restoration of Medicaid Crossover payments. When Medicare does not cover a claim or its full cost it sends the bill to a third party such as Medicaid. In previous years NYS funding has been dropped and then restored to allow Medicaid to cover the claims. The latest restoration has allowed some ambulance companies to remain in business.

## **SAFETY COMMITTEE - MARK PHILIPPY, CHAIRPERSON**

### Safety Survey

Questions for a possible survey were discussed:

Provider questions:

- Policies at agencies
- Survey responder demographics
- Enforcement of policies
- Availability of caffeine
- Number of jobs worked in week
- Hours worked in average week
- Is EMS primary job
- Hours in shift/tour
- Fatigued then no drive
- Fatigued then no patient care
- Partner fatigued work safely
- Bunks/rest area availability
- Station/field posting
- Level of care hours worked
- Shifts o/24 hours
- Agency ask about fatigue
- Agency provide fatigue risk info

Agency questions:

- Employment model (station/pager)
- Crew station rotations (busy/slow)
- Move based on fatigue
- Training to detect fatigue
- How fatigue member handled
- Policy on sleep/rest on shift
- Average week schedule
- Over 24 hour work shift allowed
- Area population density
- Policy on limiting hours
- Total hours work limited
- Policy on rest between shifts

### EMS Vehicle Equipment Requirements - Part 800.23, 800.24 And 800.26

Presently, ambulance and fly car equipment requirements are set forth in Part 800 Regulations which are a long and involved process to change. Director Greenberg suggested to mirror the process in the NYS Vehicle and Traffic Law whereby the Commissioner of Health would be given authority to set rules governing what medical supplies and equipment EMS vehicles would have to carry. SEMAC and SEMSCO would be involved in the process offering suggestions to the Commissioner.

Revision of Policy Statement 00-13 Operation of Emergency Medical Service Vehicles is still hoped for.

## **PUBLIC INFORMATION, EDUCATION & RELATIONS (PIER) COMMITTEE - CHAIRPERSON POSITION IS VACANT**

Meeting was canceled. Meeting was also canceled in May 2018, September 2018, January 2019 and May 2019.

### **UPCOMING MEETINGS:**

- SEMAC/SEMSCO will be January 14 & 15, 2020
- State Trauma Advisory Committee (STAC) meeting will be 1/28/20.
- EMS for Children (EMSC) meeting will be 12/3/19 - Not web cast

Location for of the above meetings is the Hilton Garden Inn, Troy, NY.